

RETURN TO:
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

ANNUAL FARM REPORT

Limited Liability Company

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

FILE DATE _____
RECEIPT NO. _____

FILING DATE: Due during the month the Certificate of organization was issued, and delinquent the last day of the following month.

Pursuant to the provisions of SDCL 47-9A, the undersigned Limited Liability Company hereby submits the following farming annual report:

1. The name of the Limited Liability Company is _____

The state of organization is _____

2. The name of the registered agent in South Dakota and the registered office address is _____
_____ Zip + 4 _____

3. If a foreign Limited Liability Company, the address of its principal office, or registered office in its state of organization is _____

4. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the Limited Liability Company.

5. **List only the changes** of the names or addresses of the members and/or manager(s).

NAME

REPLACED

AS MEMBERS OR MANAGER

6. The **NUMBER OF MEMBERSHIP INTERESTS** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident members who are family farmers and are actively engaged in farming as their primary economic activity is _____ (Degree of kindred is defined as number of generations with each generation being a degree.) #6 applies only to FAMILY FARM.

7. **List changes only** of names, address and number of membership interests owned.

NAME

ADDRESS

NUMBER OF MEMBERSHIP INTERESTS

DEGREE OF KINDRED

8. The percentage of gross receipts of the Limited Liability Company derived from rent, royalties, dividends, interest and annuities is _____%.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated _____.

(Signature)

STATE OF _____

(Title)

COUNTY OF _____

On this the _____ day of _____, 20____, before me, _____
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

(Notary Public)

(Notarial Seal)

farmrep.pdf